

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Dance School</u>	Date <u>11/16/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>131 Pine St</u>	Risk Level <u>3</u>		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: <u>12:42</u> Out: <u>1:15</u>		
Person in Charge (PIC) <u>ED Gilbert FSD</u>			
Inspector <u>R. DeVasto - Permit</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>R. DeVasto - Permit</u>	Print: <u>R. DeVasto - Permit</u>	
PIC's Signature: <u>ED Gilbert</u>	Print: <u>ED Gilbert</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF SPRUCCON

Establishment Name: Dave School Date: 11/10/11 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
1	25	N	WALK-IN FREEZER WOULD BUILD UP + ABOVE UNDERSTAIRS BUT ABOVE HOT BUILDING 155.9-1783 (W/L 36.3 - 39.9 303sq. 200 YRS QUARTS HAND SIGN 114.4 QUARTS GARDEN DESIGN & LABELING	
Discussion With Person in Charge: <u>Ed Harrington</u>				

Corrective Action Required:

<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Dame School</u>	Date <u>5/24/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection
Address <u>131 Pearl St</u>	Risk Level <u>3</u>		Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone	HACCP Y/N	Permit No.	
Owner	Person in Charge (PIC) <u>ED Gilbert FSD</u>		
Inspector <u>K DeVasto - Plymouth</u>	Time In: <u>12:40</u> Out: <u>1:55</u>		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DeVasto - Plymouth</u>	Print: <u>K DEVASTO - Plymouth</u>	Page <u>1</u> of <u>3</u> Pages
PIC's Signature: <u>Edward Gilbert</u>	Print: <u>Edward Gilbert</u>	

TOWN OR CITY OF Stoughton

Establishment Name: Drum School

Date: 5/24/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
1	25	N	WALK-IN FRIDGE BACK + FRONT Sanitation 3 Bay 2 oppm COLD STORAGE 3.5.3 - 39 HOT Holdings 135.6 - LUNCH OVER Served in hot holds gpt pulled & in containers in TABLE COOLING HOT - DOWN Clean + STOCKED 101.5 HANDS NOT Clean + STOCKED 102.3 Facility Clean Log kept Cold HOT + Sanitation	
Discussion With Person in Charge: <u>Ed Gilbert Accompanier</u>			Corrective Action Required:	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>THIRD FACILITY</u>			<input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

TOWN OR CITY OF STOUGHTON

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Dave School</u>	Date <u>11/7/13</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>131 Pine ST</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>12:40</u> Out: <u>12:50</u>		
Person in Charge (PIC) <u>Ed Gilbert FS D</u>			
Inspector <u>K DeVasto Premante</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.006)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

2

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DeVasto Premante</u>	Print: <u>K DeVasto Premante</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	

Establishment Name: Town or City of SToughton
Diverse School Date: 11/8/18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Cold Temp - 9 - 39	
			HOT Temp 158.3 - 173.6	
			3 Bags 2.00 PPM'S	
			Hand Salk 9/2.6 Clean Stocker	
			Restroom 10.2 Clean Stocker	
			Logs kept for hot/cold Temp sensitivity	
Discussion With Person in Charge: <u>Theresa Raymond</u>				

- Corrective Action Required: No Yes
- Voluntary Compliance
 - Re-inspection Scheduled
 - Voluntary Disposal
 - Employee Restriction / Exclusion
 - Emergency Suspension
 - Emergency Closure
 - Other:

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Dawson School</u>	Date <u>3/10/19</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>131 Pine</u>	Risk Level <u>3</u>		
Telephone	HACCP Y/N	Permit No.	
Owner	Time In: <u>12:15</u> Out: <u>12:30</u>		
Person in Charge (PIC) <u>ED Gilbert FSD</u>			
Inspector <u>K DeVasto - Plymouth</u>			

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Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
 5. Receiving/Condition
 6. Tags/Records/Accuracy of Ingredient Statements
 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
 9. Food Contact Surfaces Cleaning and Sanitizing
 10. Proper Adequate Handwashing
 11. Good Hygienic Practices

12. Prevention of Contamination from Hands
 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives
 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
 17. Reheating
 18. Cooling
 19. Hot and Cold Holding
 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DeVasto - Plymouth</u>	Print: <u>K DeVasto - Plymouth</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	

Establishment Name: TOWN OR CITY OF STURGEON
Dance School

Date: 9/20/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
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			Rest Room 105	
			HAND SINK 119	
			3 Ba 200 ppm GUESTS	
			5018 Temp 35-39	

Next thing dated
 logs kept for hot, cold & sanitizer

Discussion With Person in Charge: Ed Gilbert Accompanied

to facility

Corrective Action Required:		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion		
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension		
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure		
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:		

TOWN OR CITY OF STURBRIDGE

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Gilbert's Elementary</u>	Date <u>7/11/17</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>235 Main St</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>11:55</u> Out: <u>12:10</u>		
Person in Charge (PIC) <u>Ed Gilbert FSD</u>			
Inspector <u>[Signature]</u>			

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Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
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		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
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		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>K. Dolan</u>	
PIC's Signature: <u>[Signature]</u>	Print: <u>Ed Gilbert</u>	Page <u>1</u> of <u>2</u> Pages

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Gibson's Elementary</u>	Date <u>5/24/10</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>235 Morton</u>	Risk Level <u>3</u>		
Telephone	HACCP Y/N		
Owner	Time In: <u>11:35</u> Out:	Permit No.	
Person in Charge (PIC) <u>ED Gilbert</u>			
Inspector <u>K DeVasto-Premonte</u>			

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Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

- Anti-Choking 590.009 (E)
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Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

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	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DeVasto-Premonte</u>	Print: <u>K DeVasto-Premonte</u>	
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	Page <u>1</u> of <u>2</u> Pages

TOWN OR CITY OF

Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Gibbons School	Date	11/8/19	Type of Operation(s)	Type of Inspection
Address	235 Martin St	Risk Level	3	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone		HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner		Time In:	11:56	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)	ED Gilbert	Time Out:	12:10	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	K DeVasto Premeate	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: K DeVasto Premeate	Print: K DeVasto Premeate	Page	1 of 7 Pages
PIC's Signature: Edward Gilbert	Print: Edward Gilbert		

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name: <u>Gibbin's ELEMENTARY</u>	Date: <u>5/10/19</u>	Type of Operation(s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address: <u>235 Montrose ST</u>	Risk Level: <u>3</u>	Permit No. _____	
Telephone: _____	HACCP Y/N: _____		
Owner: _____	Time In: <u>11:30</u> Out: <u>11:45</u>		
Person in Charge (PIC): <u>ED Gilbert FSD</u>	Inspector: <u>K DEVASIO - PLEMONTE</u>		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

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FOOD FROM APPROVED SOURCE

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PROTECTION FROM CONTAMINATION

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CONSUMER ADVISORY

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Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DEVASIO - PLEMONTE</u>	Print: <u>K DEVASIO - PLEMONTE</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>HANS Elementary</u>	Date <u>11/16/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>1800 Central St</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>11:30</u> Out: <u>12:45</u>		
Person in Charge (PIC) <u>E D Gilbert ISD</u>			
Inspector <u>R D Vasiti-Kemonte</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
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- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

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- 13. Handwash Facilities

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TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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- 17. Reheating
- 18. Cooling
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REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

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- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>R D Vasiti-Kemonte</u>	Print: <u>R D Vasiti-Kemonte</u>	
PIC's Signature: <u>E D Gilbert</u>	Print: <u>E D Gilbert</u>	Page <u>1</u> of <u>2</u> Pages

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Hansen ELEMENTARY</u>	Date <u>3/24/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>1800 Central St</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>11:00</u> Out: <u>11:20</u>		
Person in Charge (PIC) <u>ED Gilbert FSI</u>			
Inspector <u>K. DeVasto</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

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- 15. Toxic Chemicals

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20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

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- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. DeVasto</u>	Print: <u>K. DeVasto</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Edward Gilbert</u>	Print: <u>Edward Gilbert</u>	

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Hanson School</u>	Date <u>11/8/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>1700 Central St</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>11:30</u> Out: <u>1:45</u>		
Person in Charge (PIC) <u>ED Gilbert</u>			
Inspector			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

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11. Good Hygienic Practices

12. Prevention of Contamination from Hands

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PROTECTION FROM CHEMICALS

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15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>E. DeVasto-Piemonte</u>	Print: <u>E. DeVasto-Piemonte</u>	
PIC's Signature: <u>Edwards Gilbert</u>	Print: <u>Edwards Gilbert</u>	Page <u>1</u> of <u>2</u> Pages

Establishment Name: Hansen School TOWN OR CITY OF Stoughton
 Date: 11/27/13 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified	
			3 Bed 200 sqm Quarts		
			HOT TEMPS 152.3 - 150.6		
			COID - 10 - 36 °		
			HANDS WASH STD CLEAN 105.3		
			Rest room clean SPOCKET. HOT WATER 96.7 Plumber.		
			WASH SCHOOL EN TALKED TO HIM ABOUT HE IS		
			GOING TO CHECK IT + HE ALSO TALKED TO HIM ABOUT		
			OWILKINS SCHOOL. Plumber turned water heater		
			OFF-		
			Log are kept for Temp off sanitizer		
Discussion With Person in Charge: <u>Ed Overmeyer</u>			Corrective Action Required:		
<u>to school</u>			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	

TOWN OR CITY OF SToughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Hanson ELEMENTARY</u>	Date <u>5/10/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>1700 Central St</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>11:05</u> Out: <u>11:20</u>		
Person in Charge (PIC) <u>ED Gilbert FSD</u>			
Inspector <u>K. DeVASTO PIEMONTE</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
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- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. DeVASTO PIEMONTE</u>	Print: <u>K. DeVASTO PIEMONTE</u>	Page <u>1</u> of <u>3</u> Pages
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	

TOWN OR CITY OF SToughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>O'Donnell Middle School</u>	Date <u>11/16/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>211 Pushing St</u>	Risk Level <u>3</u>	Permit No. _____	
Telephone _____	HACCP Y/N _____		
Owner _____	Time In: <u>10:10</u> Out: <u>11:30</u>		
Person in Charge (PIC) <u>Ed Gilbert FSD</u>			
Inspector <u>K. DeVasto Permitt</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
X	

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. DeVasto Permitt</u>	Print: <u>K. DeVasto Permitt</u>	
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	Page <u>1</u> of <u>2</u> Pages

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>O'Donnell Middle School</u>	Date <u>5/24/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>216 Cushing St</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>10:15</u>		
Person in Charge (PIC) <u>ED Gilbert F.S.D</u>	Time Out: <u>10:30</u>		
Inspector <u>K. DelVasto-Premonte</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. DelVasto-Premonte</u>	Print: <u>K. DelVasto-Premonte</u>	
PIC's Signature: <u>Edmund Gilbert</u>	Print: <u>Edmund Gilbert</u>	Page <u>1</u> of <u>2</u> Pages

TOWN OR CITY OF STOUGHTON

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name	<u>O'Donnell Middle School</u>	Date	<u>11/8/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	<u>211 Rushing St</u>	Risk Level	<u>3</u>		
Telephone		HACCP Y/N		Permit No.	
Owner		Time			
Person in Charge (PIC)	<u>Ed Gilbert (FS 1)</u>	In:	<u>10:05</u>		
Inspector	<u>K DeVasto Permutte</u>	Out:	<u>11:20</u>		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	X

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DeVasto Permutte</u>	Print: <u>K DeVasto Permutte</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>(St. Donnell Middle School)</u>	Date <u>5/12/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>211 Cushing ST</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>10:15</u> Out: <u>10:35</u>		
Person in Charge (PIC) <u>ED GILBERT FSD</u>			
Inspector <u>K. DeVASTO - PREMONTE</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. DeVASTO - PREMONTE</u>	Print: <u>K. DeVASTO - PREMONTE</u>	
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	Page <u>1</u> of <u>2</u> Pages

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>South Elementary</u>	Date <u>11/10/17</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>171 Hill St</u>	Risk Level <u>3</u>	Permit No. _____	
Telephone _____	HACCP Y/N _____		
Owner _____	Time In: <u>12:15</u> Out: <u>12:30</u>		
Person in Charge (PIC) <u>Edward P. D.</u>			
Inspector <u>K. DeVasto-Memonte</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. DeVasto-Memonte</u>	Print: <u>K. DeVasto-Memonte</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>Edward Gilbert</u>	

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>SOUTH ELEMENTARY</u>	Date <u>5/24/17</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>171 ASA ST</u>	Risk Level <u>3</u>		
Telephone _____	HACCP Y/N _____	Permit No. _____	
Owner _____	Time In: <u>11:55</u> Out: <u>12:05</u>		
Person in Charge (PIC) <u>ED Gilbert</u>	Inspector <u>K DeVASTO - Piemonte</u>		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DeVASTO - Piemonte</u>	Print: <u>K DeVASTO - Piemonte</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>South Elementary</u>	Date <u>11/7/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>171 Ash St</u>	Risk Level <u>3</u>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <u>12:27</u> Out: <u>12:30</u>		
Person in Charge (PIC) <u>ED Gilbert FSD</u>			
Inspector <u>K DE VASTO - Permanent</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC ^{12:30}

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DE VASTO - Permanent</u>	Print: <u>K DE VASTO - Permanent</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Edmund Gilbert</u>	Print: <u>Edmund Gilbert</u>	

TOWN OR CITY OF

STARGISTON

Establishment Name:

South Elementary

Date:

11/8/12

Page:

2

of

2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
1	25	N	buckets split on Table Door lock in	
2	25	N	Walk-in freezer to boil up night corner water in	
			Cold Temp - 20 - 38	
			NO HOT Temp Lunch over HOT TISSUE	
			LOGS LEFT	
			3 Bay 200 RPM S	
			HANDSINK 1063 Clean Stocker	
			Test run 105.6 Clean Stocker	
Discussion With Person in Charge:				
Schwartz			Handwritten notes	
Corrective Action Required: <input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> No <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other				

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF

Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>South Elementary</u>	Date <u>5/10/19</u>	Type of Operation(s)	Type of Inspection
Address <u>171 Ash St</u>	Risk Level <u>3</u>	<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone	HACCP Y/N	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	Time In: <u>11:55</u> Out: <u>12:05</u>	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC) <u>ED Gilbert</u>	Permit No.	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DeVasto-Premante</u>	Print: <u>K DeVasto-Premante</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Edward Gilbert</u>	Print: <u>Edward Gilbert</u>	

TOWN OR CITY OF STURBRIDGE

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Sturbridge High School</u>	Date <u>11/10/11</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>732 Main St</u>	Risk Level <u>3</u>	Permit No. _____	
Telephone _____	HACCP Y/N _____		
Owner _____	Time In: <u>10:41</u> Out: <u>11:00</u>		
Person in Charge (PIC) <u>L. S. ...</u>			
Inspector <u>E. ...</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding post-processed

- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
	X	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>Edward D. Gilman</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>Edward D. Gilman</u>	

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>High School</u>	Date <u>5/24/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>232 Pearl St</u>	Risk Level <u>3</u>		
Telephone _____	HACCP Y/N _____	Permit No. _____	
Owner _____	Person in Charge (PIC) <u>EDGIC Bent FSD</u>	Time In: <u>12:15</u> Out: <u>12:30</u>	
Inspector <u>K. DEVASTO - Permitte</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. Devasto - Permitte</u>	Print: <u>K. Devasto - Permitte</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	

TOWN OR CITY OF

Stoughton

Establishment Name:

High School

Date: *5/24/17*

Page: *2* of *2*

Item No	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			<i>Cold Towels 36.3. 396</i>	
			<i>Hot Towels 147.6</i>	
			<i>3 bag sink and bins Quets</i>	
			<i>Hand Sink 104.7 Clean + Stocked</i>	
			<i>Rod Room Clean BE Stocked 102.7</i>	
			<i>Low Key Cold, Hot + Janitor</i>	
			<i>Facility Clean</i>	
			<i>Observed good Handwashing</i>	
Discussion With Person in Charge: <i>Ed Casamento Thors</i>				
<i>Facility</i>				
Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion				
<input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension				
<input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure				
<input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other				

TOWN OR CITY OF STOUGHTON

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Stoughton Middle School</u>	Date <u>11/13/12</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast.	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>232 Pearl St</u>	Risk Level <u>3</u>	Permit No.	
Telephone <u>High School</u>	HACCP Y/N		
Owner	Time In: <u>10:40</u> Out:		
Person in Charge (PIC) <u>Ed Gilbert FSD</u>			
Inspector <u>K. DeVasto - Premium</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
	X	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. DeVasto - Premium</u>	Print: <u>K. DeVasto - Premium</u>	
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	Page <u>1</u> of <u>3</u> Pages

TOWN OR CITY OF Stoughton

Establishment Name: Stoughton High School

Date: 11/8/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified								
1	23	N	100lbs meat to be cooked in a walk-in freezer. But hold up									
			Hot holding unit 162 100 lbs 113-118 Suggested to put unit on 1st thing in morning So when food goes in it will steam hot Product out, hold about 12 hrs. Today heat burgers were 169 before going in to unit. Chicken 169									
			Rest room 106-7 Clean + stocker									
			3 Bay 200 ppm's Quats									
			218 - 6 - 39									
Discussion With Person in Charge: <u>Ed Pomeroy, School</u>												
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> </tr> </table>					<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion											
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension											
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure											
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:											

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Stoughton High School</u>	Date <u>5/10/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other: _____
Address <u>0232 Pearl St</u>	Risk Level <u>3</u>		
Telephone _____	HACCP Y/N _____	Permit No. _____	
Owner _____	Time In: <u>12:40</u> Out: <u>1:00</u>		
Person in Charge (PIC) <u>ED Gilbert</u>			
Inspector <u>K. DeVasto - Pleasant</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22): 0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.
DATE OF RE-INSPECTION: _____

Inspector's Signature: <u>K. DeVasto - Pleasant</u>	Print: <u>K. DeVasto - Pleasant</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Ed Gilbert</u>	

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Stoughton

Establishment Name: Stoughton High School

Date: 5/10/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Rest Rooms 104 Spikes Check	
			Hand Sink 104	
			3 Bag Sink 200 Dms (Plats)	
			COIL THERMS 35 L 39	
			HOT FOOD TIME & TOSSED END & LUNCH IF ANY THINGS LEFT	
			LOGS kept for HOT, Cold, + Sanitizer	
			DATING CABIN	
Discussion With Person in Charge: <u>EL O'CONNOR</u>			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other
Signature: <u>[Handwritten Signature]</u>				
Title: _____				

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Wed Elementary</u>	Date <u>11/16/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>1322 Central St</u>	Risk Level		Permit No.
Telephone	HACCP Y/N		
Owner	Time In: <u>11:05</u> Out: <u>11:25</u>		
Person in Charge (PIC) <u>L. DeLuca FSD</u>			
Inspector			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding corrected

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories corrected

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>K. DAVASTO-Primate</u>	Print: <u>K. DAVASTO-Primate</u>	
PIC's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	Page <u>1</u> of <u>2</u> Pages

TOWN OR CITY OF STOUGHTON

Establishment Name: West Elementary School Date: 11/16/17 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified	Corrective Action Required:	
					<input type="checkbox"/> No	<input type="checkbox"/> Yes
1	99	K	Hot holding unit not working. Slicer on 1020-1137 Slicer Temp. 198.7 product that was withdrawn via 4' lower unit. 11/16/17	11/16/17	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
					<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
					<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
					<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:
Discussion With Person in Charge: Ed... found by the unit's inspection						

TOWN OR CITY OF _____

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Ward Elementary</i>	Date <i>5/24/12</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>1322 Central ST</i>	Risk Level <i>3</i>	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: <i>10:40</i> Out: <i>10:55</i>		
Person in Charge (PIC) <i>ED Gilbert FSD</i>			
Inspector <i>K DeVasto-Piemonte</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- Non-compliance with:
- Anti-Choking 590.009 (E)
 - Tobacco 590.009 (F)
 - Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding
- 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

- 23. Management and Personnel (FC-2)(590.003)
- 24. Food and Food Protection (FC-3)(590.004)
- 25. Equipment and Utensils (FC-4)(590.005)
- 26. Water, Plumbing and Waste (FC-5)(590.006)
- 27. Physical Facility (FC-6)(590.007)
- 28. Poisonous or Toxic Materials (FC-7)(590.008)
- 29. Special Requirements (590.009)
- 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature <i>K DeVasto-Piemonte</i>	Print: <i>K DeVasto-Piemonte</i>	Page 1 of 2 Pages
PIC's Signature <i>Edward Gilbert</i>	Print: <i>Edward Gilbert</i>	

TOWN OR CITY OF

STOUGHTON

Establishment Name: West Elementary School

Date: 5/24/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Sanitize 3 Bay Sink 20ppm's	
			Cold Temp 36.2-40	
			Hot Temp 174.3	
			Hand Sink 101.2	
			Handy Clean	
			Good rotating in door	
			Good glove usage	
			logs kept for hot cold temps, sanitizer	
Discussion With Person in Charge: Ed Gilbert Accompanied				
To West Elementary School				

Corrective Action Required: No Yes

- Voluntary Compliance
- Employee Restriction / Exclusion
- Re-inspection Scheduled
- Emergency Suspension
- Embargo
- Emergency Closure
- Voluntary Disposal
- Other:

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Header information including Name (Wicken Elementary/formerly West School), Address (1322 Central St), Date (11/8/17), Risk Level, Type of Operation(s), Type of Inspection, Owner, HACCP Y/N, Person in Charge (PIC) (E.D. Gilbert), Time (In: 11:05, Out: 11:25), and Permit No.

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

2. Reporting of Diseases by Food Employee and PIC
3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

4. Food and Water from Approved Source
5. Receiving/Condition
6. Tags/Records/Accuracy of Ingredient Statements
7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection
9. Food Contact Surfaces Cleaning and Sanitizing
10. Proper Adequate Handwashing
11. Good Hygienic Practices

12. Prevention of Contamination from Hands
13. Handwash Facilities (corrective action taken)
14. Approved Food or Color Additives
15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures
17. Reheating
18. Cooling
19. Hot and Cold Holding
20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories (corrective action)

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Table with columns C and N for tracking violations.

- 23. Management and Personnel (FC-2)(590.003)
24. Food and Food Protection (FC-3)(590.004)
25. Equipment and Utensils (FC-4)(590.005)
26. Water, Plumbing and Waste (FC-5)(590.006)
27. Physical Facility (FC-6)(590.007)
28. Poisonous or Toxic Materials (FC-7)(590.008)
29. Special Requirements (590.009)
30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature (K. DeVasto) and Print name, PIC's Signature and Print name, and Page 1 of 2 Pages.

TOWN OR CITY OF SToughton

Establishment Name: Willkens Elementary Foodservice Date: 11/8/18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified												
1	13	R	HANDSINK 84.8 this do press to 79.2 3 bag sink Minimum + Take waste away PAPER SINK 120.2 3 bag 114.6 LED tested maintenance immediately ACTION Have one on their way to test them will use a utility sink with that has soap paper towels 120.6	11/8/18												
2	27	N	a few ceiling tiles in Dry Storage Staircase please replace													
			Hot Tows 160.3 LED - 10 39 3 bag 200 ppm's													
			keep one kept at all schools Hot & Cold Temp log + sanit													
Discussion With Person in Charge: <u>Self accompanied me</u>																
<p>Corrective Action Required:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> Re-inspection Scheduled</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>					<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure		<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes														
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion	<input type="checkbox"/> Emergency Suspension														
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure															
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:															

TOWN OR CITY OF Stoughton

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name: <u>WILKIN'S Elementary (formerly WEST)</u>	Date: <u>8/10/19</u>	Type of Operation(s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: <u>1322 Pontiac St</u>	Risk Level: <u>3</u>	Permit No.:	
Telephone:	HACCP Y/N:		
Owner:	Time In: <u>10:40</u> Out: <u>12:10</u>		
Person in Charge (PIC): <u>Ed Gilbert FSD</u>			
Inspector: <u>K DEVASTO-PIEMONTE</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- 2. Reporting of Diseases by Food Employee and PIC
- 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- 4. Food and Water from Approved Source
- 5. Receiving/Condition
- 6. Tags/Records/Accuracy of Ingredient Statements
- 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- 8. Separation/Segregation/Protection
- 9. Food Contact Surfaces Cleaning and Sanitizing
- 10. Proper Adequate Handwashing
- 11. Good Hygienic Practices

- 12. Prevention of Contamination from Hands
- 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- 14. Approved Food or Color Additives
- 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- 16. Cooking Temperatures
- 17. Reheating
- 18. Cooling
- 19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

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DATE OF RE-INSPECTION:

Inspector's Signature: <u>K DeVasto-Piemonte</u>	Print: <u>K DeVasto-Piemonte</u>	
PIC's Signature: <u>Ed Gilbert</u>	Print: <u>Edmund Gilbert</u>	Page <u>1</u> of <u>2</u> Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Stoughton

Establishment Name Wilkins Elementary (former)

Date: Wed 5/10/19

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Cold Temps 36.2 - 40.6	
			Sanitation 3 Bag 200 ppm Quats	
			Hand Sink 10/2	
			Treat room clean stocked 10/6	
			Facility Clean	
Discussion With Person in Charge: <u>21 accompanies me</u>				
to fault				

Corrective Action Required: No Yes

Voluntary Compliance Employee Restriction / Exclusion

Re-inspection Scheduled Emergency Suspension

Embargo Emergency Closure

Voluntary Disposal Other